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THE ON FOR EXTENSION OF TIME UNDER 37 CFR		
FY 2006		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. Application Number 10/840,126	Filed May 5, 2004	
For Hiearchical QoS Behavioral Model		
Art Unit 2616	Examiner Wutching Chu	
This is a request under the provisions of 37 CFR 1.136(a) to application.	extend the period for filing a reply in the above identified	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
X One month (37 CFR 1.17(a)(1))	Fee Small Entity Fee \$ 120 \$ 60 \$ 130	
Two months (37 CFR 1.17(a)(2))	\$ 460 \$ 230 \$	
Three months (37 CFR 1.17(a)(3))	\$ 1050	
Four months (37 CFR 1.17(a)(4))	\$ 1640	
Five months (37 CFR 1.17(a)(5))	\$ 2230 \$ 1115 \$	
Applicant claims small entity status. See 37 CFR 1.27.		
X A check in the amount of the fee is enclosed.		
Payment by credit card. Form PTO-2038 is attached.		
The Director has already been authorized to charge fees in this application to a Deposit Account.		
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment,		
to Deposit Account Number 50-1652	I have enclosed a duplicate copy of this sheet.	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the applicant/inventor.		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
X attorney or agent of record. Registration Number 40,043		
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 C	FR 1.34	
	January 22, 2009	
Signature	Date	
Cindy S. Kaplan	408-399-5608	
Typed or printed name	Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire than one signature is required, see below.	nterest or their representative(s) are required. Submit multiple forms if more	
Total of forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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RETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.1	Docket Number (Optional) CISCP856	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4	818).)	
Application Number 10/840,126	Filed May 5, 2004	
For Hiearchical QoS Behavioral Model		
Art Unit 2616	Examiner Wutching Chu	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
X One month (37 CFR 1.17(a)(1)) \$ 5		
Two months (37 CFR 1.17(a)(2)) \$ 4	60 \$ 230 \$	
☐ Three months (37 CFR 1.17(a)(3)) \$ 1	5050 \$ 525 \$	
Four months (37 CFR 1.17(a)(4)) \$ 1	\$820 \$	
Five months (37 CFR 1.17(a)(5)) \$ 2	230 \$ 1115 \$	
Applicant claims small entity status. See 37 CFR 1.27.		
X A check in the amount of the fee is enclosed.		
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The Director has already been authorized to charge fees in this application to a Deposit Account.		
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment,		
to Deposit Account Number <u>50-1652</u> . I have enclosed a duplicate copy of this sheet.		
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I am the applicant/inventor.		
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Signature	Date	
Cindy S. Kaplan	408-399-5608	
Typed or printed name	Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more		
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